



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code			SC	Dent.	A	Contract Number			
County Department Arrowhead Regional Medical Center					Dept. Orgn.		Contractor's License No.			
County Department Contract Representative Mark H. Uffer, Director					Telephone (909) 580-6150		Total Contract Amount varied			
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other:										
If not encumbered or revenue contract type, provide reason:										
Commodity Code			Contract Start Date		Contract End Date		Original Amount		Amendment Amount	
Fund EAD	Dept. MCR	Organization MCR	Appr. 200	Obj/Rev Source 2445		GRC/PROJ/JOB No.		Amount varied		
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount		
Project Name Organ Procurement				Estimated Payment Total by Fiscal Year						
				FY	Amount	I/D	FY	Amount	I/D	

CONTRACTOR OneLegacy

Federal ID No. or Social Security No. 95-3138799

Contractor's Representative Thomas Mone, Chief Executive Officer

Address 2200 West Third Street, Suite 400, Los Angeles, CA 90057

Phone (213) 401-1204

Nature of Contract: *(Briefly describe the general terms of the contract)*

This agreement allows for OneLegacy and Arrowhead Regional Medical Center to govern each entities rights and responsibilities whenever OneLegacy coordinates the transplanting of an organ by the Medical Center.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)

Reviewed as to Contract Compliance

Presented to BOS for Signature

County Counsel

Department Head

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database <input type="checkbox"/> FAS	
Input Date	Keyed By